

Case Number:	CM14-0168604		
Date Assigned:	10/16/2014	Date of Injury:	06/11/2010
Decision Date:	11/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic posttraumatic headaches, chronic rib pain, reflux, abdominal pain, and sleep disturbance reportedly associated with an industrial injury of June 11, 2010. In a Utilization Review Report dated September 16, 2014, the claims administrator retrospectively denied a topical compounded medication. The applicant's attorney subsequently appealed. In a neurology followup note dated August 20, 2014, the applicant reported ongoing complaints of headaches and neck pain. The applicant was using Norco, Nexium, Pamelor, and Linzess. The applicant was asked to try and use Pamelor more regularly and keep usage of Vicodin to a minimum.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective DOS 7/23/14: Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10%:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compounds are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Norco and Pamelor, effectively obviate the need for the largely experimental topical compound. Therefore, the request is not medically necessary.